

READINESS TO CHANGE QUESTIONNAIRE

Date: _____

	YES	NO
Are you looking to change a specific behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to make this behavioral change a top priority?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried to change this behavior before?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe there are inherent risks/dangers associated with not making this behavioral change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you committed to making this change, even though it may prove challenging?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have support for making this change from friends, family, and loved ones?	<input type="checkbox"/>	<input type="checkbox"/>
Besides health reasons, do you have other reasons for wanting to change this behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to be patient with yourself if you encounter obstacles, barriers, and/or setbacks?	<input type="checkbox"/>	<input type="checkbox"/>